

**Statement of Contributions Received
at a Social or Fund-Raising Event**

Prescribed by Secretary of State 03/05

14

Name of Committee in Full <u>Friends of Lori Ann Teibel</u>				
Full Name of Contributor <u>Susan M. Coe</u>			Registration Number, if PAC	
Street Address <u>5659 Notre Dame Pl</u>	Employer/Occupation/Labor Organization*		M <u>0</u>	D <u>5</u>
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43213</u>	Y <u>2</u>	Amount <u>75.00</u>
Form (Cash, Check, etc.) <u>check</u>				
Full Name of Contributor <u>Laura E. Desai</u>			Registration Number, if PAC	
Street Address <u>2584 Bryden Rd</u>	Employer/Occupation/Labor Organization*		M <u>0</u>	D <u>5</u>
City <u>Bexley</u>	State <u>OH</u>	Zip Code <u>43209</u>	Y <u>2</u>	Amount <u>200.00</u>
Form (Cash, Check, etc.) <u>check</u>				
Full Name of Contributor <u>Angela Golden</u>			Registration Number, if PAC	
Street Address <u>4036 Chelsea Green East</u>	Employer/Occupation/Labor Organization*		M <u>0</u>	D <u>5</u>
City <u>New Albany</u>	State <u>OH</u>	Zip Code <u>43054</u>	Y <u>2</u>	Amount <u>75.00</u>
Form (Cash, Check, etc.) <u>check</u>				
Full Name of Contributor <u>Catherine F. Kauffman</u>			Registration Number, if PAC	
Street Address <u>2650 Brentwood Rd</u>	Employer/Occupation/Labor Organization*		M <u>0</u>	D <u>5</u>
City <u>Bexley</u>	State <u>OH</u>	Zip Code <u>43209</u>	Y <u>2</u>	Amount <u>75.00</u>
Form (Cash, Check, etc.) <u>check</u>				
Full Name of Contributor <u>Shawn D. Holt</u>			Registration Number, if PAC	
Street Address <u>5061 Blackstone Edge Dr.</u>	Employer/Occupation/Labor Organization*		M <u>0</u>	D <u>5</u>
City <u>New Albany</u>	State <u>OH</u>	Zip Code <u>43054</u>	Y <u>2</u>	Amount <u>75.00</u>
Form (Cash, Check, etc.) <u>check</u>				
Full Name of Contributor <u>Kim L. Niswander</u>			Registration Number, if PAC	
Street Address <u>2768 Cimminson Ct.</u>	Employer/Occupation/Labor Organization*		M <u>0</u>	D <u>5</u>
City <u>Hilliard</u>	State <u>OH</u>	Zip Code <u>43026</u>	Y <u>2</u>	Amount <u>100.00</u>
Form (Cash, Check, etc.) <u>check</u>				
Full Name of Contributor <u>Leslie N. Knoff</u>			Registration Number, if PAC	
Street Address <u>190 S. Ardmore Rd</u>	Employer/Occupation/Labor Organization*		M <u>0</u>	D <u>5</u>
City <u>Bexley</u>	State <u>OH</u>	Zip Code <u>43209</u>	Y <u>2</u>	Amount <u>150.00</u>
Form (Cash, Check, etc.) <u>check</u>				

* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

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Total expenditures this event.

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<u>750.00</u>

Grand Total \$